



UNITED STATES MARINE CORPS
3D FORCE SERVICE SUPPORT GROUP
FLEET MARINE FORCE, PACIFIC
UNIT 38401
FPO AP 96604-8401

3C.0320.3C
16 MAY 2000

IN REPLY REFER TO:
GruO 6320.3C
12/Surg
16 MAY 2000

GROUP ORDER 6320.3C

From: Commanding General, 3d Force Service Support Group
To: Distribution List

Subj: MEDICAL QUALITY ASSESSMENT/QUALITY IMPROVEMENT (QA/QI)
PROGRAM

Ref: (a) DOD Directive 6025.13
(b) OPNAVINST 6320.7
(c) BUMEDINST 6320.66A
(d) BUMEDINST 6010.13
(e) FMFPacO P6320.3A
(f) MARCORBASES JAPAN 6100.1
(g) USNAVHOSPOKINAWAINST 600.2F
(h) USNAVHOSPOKINAWAINST 6010.9

Encl: (1) Organizational Chart for 3d FSSG QA/QI
(2) Sample Battalion Medical Assist Team (BMAT)
format for QA/QI Minutes
(3) Sample Management Information Report

1. Purpose. The Chief of Naval Operations (CNO) and the Commandant of the Marine Corps (CMC), are committed to providing the highest quality medical and dental care to their respective beneficiaries. This program is designed to establish policy, prescribe procedures and assign responsibilities for the management of the Quality Assessment/Quality Improvement (QA/QI) program within 3d Force Service Support Group (3d FSSG).

2. Cancellation. GruO 6320.3B.

3. Background. The QA/QI program was established in 1984 to standardize QA/QI activities within the Naval Medical Command. References (a) through (h) outline a compilation of basic component activities and functions that are crucial to the success of the QA/QI Program. It supports innovative local efforts to document the delivery of high quality medical care through a continually effective and efficient QA/QI Program. The medical clinics were formally operated by III Marine Expeditionary Force (III MEF) subordinate commands until May 1992, at which time all medical clinics were realigned under

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UNITED STATES NAVAL HOSPITAL
3d FSSG
Okinawa



United States Naval Hospital (USNH) Okinawa. This realignment combines the responsibilities for resources and management of the clinics under one command. This realignment, however, does not free 3d FSSG from its obligation to ensure that its Marines and Sailors are receiving the best possible medical care. In 1997, 3d FSSG's Medical Department's QA/QI Program was restructured to reflect enclosure (1), further enhancing the quality of care to the Sailors and Marines of 3d FSSG.

4. Objectives

a. Monitor the delivery of health care services and identify opportunities to improve patient care, both in garrison and during deployments.

b. Identify, assess, and decrease risk to patients and staff, thereby reducing exposure to liability.

c. Communicate important QA/QI information that will result in sound clinical and management decision making at all levels of the organization.

d. Integrate, track, and trend QA/QI information, and identify significant practice patterns or processes that may need in-depth review by QA/QI personnel.

e. Maintain close QA/QI liaison with USNH Okinawa.

5. Responsibilities

a. Commanding General: Responsible for establishing, maintaining and supporting an ongoing QA/QI Program and resolving QA/QI related problems that cannot be addressed and resolved at lower levels.

b. Chief of Staff: Reviews the minutes of all QA/QI meetings and submits recommendations to the Commanding General (CG).

c. Group Surgeon

(1) Principle advisor to the CG for all medically related QA/QI issues.

(2) Responsible for carrying out the provisions of this Order.

(3) Serves as chairman of 3d FSSG's QA/QI committee.

(4) Reviews and forwards the QA/QI minutes, enclosure (2), to the Commanding General with recommendations for final action on unresolved problems or issues.

(5) Provide feedback to the III MEF Surgeon regarding all unresolved QA/QI problems/issues.

(6) Forwards the annual Management Information Report, enclosure (3), to the Marine Forces Pacific (MARFORPAC) Surgeon, via the III MEF Surgeon, by 10 January of each calendar year.

(7) Forward special interest items on request.

d. Quality Assessment/Quality Improvement Coordinator

(1) Appointed by the Group Surgeon and is responsible for collection and coordination of QA/QI data.

(2) Serves as a member of 3d FSSG's QA/QI committee.

(3) Initiates agenda items and submits minutes from 3d FSSG's QA/QI meetings through the proper chain of command.

e. Quality Assessment/Improvement Physician Advisor

(1) A general medical officer appointed in writing by the Group Surgeon.

(2) Reviews problems and pertinent recommendations from the branch clinics and the Battalion Medical Assistance Teams (BMAT).

(3) Is the initial contact point for questions regarding monitoring and evaluation of activities, occurrence screening, incident reporting, and other quality of care issues.

f. Legal Officer. A judge advocate officer assigned by the CG to assist the QA/QI Committee with legal medical issues.

g. Quality Assessment/Quality Improvement Committee

(1) Shall meet at least once every quarter to review quality of care issues and review the QA/QI minutes from USNH Okinawa's Branch Clinics and BMATs for any problems as they relate to delivery of quality care to 3d FSSG personnel.

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(2) Refer all QA/QI issues that involve the quality of medical care delivered by a particular health care provider to the Branch Clinics Director, USNH Okinawa.

S. D. Anderson

S. D. ANDERSON
Chief of Staff

DISTRIBUTION: B

Organizational Chart for 3d FSSG Quality Assessment/Quality Improvement

Commanding General
Chief of Staff
QA/QI Chairman (Group Surgeon)
QA/QI Coordinator (Administrative Chief)

CSSG-3	3d MRB H&S BN HQ CO COMM CO	9th ESB MED BN H&S CO "B" CO	AMMO Plt (MRB) "C" CO (MEDBN)	EMC (MRB) Services CO (H&S BN) TSB	CSSD-36
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Supported By Camp Kinser Branch Clinic	Supported By Camp Hansen Branch Clinic	Supported By Camp Schawb Branch Clinic	Supported By Evans Clinic
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SAMPLE BATTALION MEDICAL ASSIST TEAM (BMAT) FORMAT FOR QA/QI
MINUTES

6370

12/Surg

From: Chairman, Quality Assessment/Quality Improvement
Committee
To: Commanding General, 3d Force Service Support Group
Via: Chief of Staff, 3d Force Service Support Group
Subj: QUALITY ASSESSMENT/QUALITY IMPROVEMENT MINUTES
REPORT

Ref: (a) GruO 6320.3C

Encl: (1) Any Pertinent Documents

1. Monitoring and Evaluation of Quality and Appropriateness
of patient care.

a. Old Business. In outline format, discuss old QA/QI
issues from the Problem Issue Number (PIN) Tracking Chart, which
are scheduled for review or those that can be closed out because
of early resolution. Format for each issue discussed will
include:

- (1) Problem/Issue Number (PIN) and name.
- (2) Discussion (give brief summary of important
points).
- (3) Conclusion (give brief assessment).
- (4) Action. State what action will be taken, who will
be responsible for completing the action and when the issue will
be reviewed next. If action is completed, state when action
follow-up is to take place, and discuss results of monitoring
activities performed by the facility or responsible person or
other sources of referral.

b. New Business. Use the same format above for
discussion, conclusion, action and follow-up. Discuss results
of monitoring activities performed by the facility, responsible
person or other sources of referral.

ENCLOSURE (2)

(1) Cover the following sources of monitoring each quarter:

(a) Minutes from USNH Okinawa Branch Medical Clinics.

(b) Issues referred from Wing, Division, and other medical facilities.

(c) Issues referred from the Battalion Administrative Medical Teams (BMAT).

(d) Focused or targeted reviews of topics as scheduled in the QA/QI plan.

(2) Cover the monitoring and evaluation specified by the scope of the QA/QI committee's function, including issues referred from other sources.

c. Conclusion. If the committee feels that there is a possibility that the standard of care was not met for a specific case or issue, or if there was a major/minor deviation from accepted standards involving the branch clinics, the QA/QI chairman should indicate that the issue will be referred to the Branch Clinic Director, USNH Okinawa, for resolution. If the issue or problem involves the BMAT, the matter will be handled through 3d FSSG's chain of command.

d. Administrative Business. In this section, business matters unrelated to the monitoring and evaluation of the quality and appropriateness of patient care will be documented. Concise statements should be used to report this information.

SIGNATURE BLOCK

ENCLOSURE (2)

SAMPLE MANAGEMENT INFORMATION REPORT

6370
12/Surg

From: Commanding General, 3d Force Service Support Group
To: Bureau Medicine and Surgery, 2300 E Street NW,
Washington DC 20372-5120 (Med-3C4)
Via: (1) Commanding General, III Marine Expeditionary
Force, Unit 35605, FPO AP 96606-5605 (ATTN: III
MEF SURGEON)
(2) Commander, U. S. Marine Corps Forces Pacific
Camp H. M. Smith, Hawaii 96861 (ATTN: MARFORPAC
SURGEON)

Subj: 1999 MANAGEMENT INFORMATION REPORT

Ref: (a) GruO 6320.3C

Encl: (1) Annual Quality Assessment/Quality Improvement
(QA/QI) report

1. Per the reference, the annual Management Information
Report and enclosure (1) are forwarded.

2. Scope and Comprehensiveness. The Group Surgeon is
responsible for managing 3d FSSG's QA/QI program and also
monitors the appropriateness and quality of care through the
providers working in the branch medical clinics Okinawa, Japan
and BMAT.

3. Effectiveness

a. The 3d FSSG Medical QA/QI program has been an
effective tool in identifying areas of concerns related to
direct and or indirect patient care. Steps taken to correct
deficiencies have cut cost, increased quality and productivity
of patient care, and decreased the man hours lost for
unnecessary patient visits.

ENCLOSURE (3)

SAMPLE MANAGEMENT INFORMATION REPORT

b. With the increased demands on fewer health care and non-health care providers, the Medical QA/QI program is an effective tool for assessing health care issues related to 3d FSSG.

C. G. CHINN

By direction

ENCLOSURE (3)

QUALITY ASSESSMENT/QUALITY IMPROVEMENT
ANNUAL REPORT

Command: 3d Force Service Support Group

Date: 00 April 1999

1. Structure

a. Type of facility.

1. ☐ Fixed outpatient branch medical clinic
2. ☐ Other (explain) 3d FSSG is operational. Clinics belong to the hospital.

b. Standing QA/QI related committees:

1. ☐ OA/OI
2. ☐ Risk Management
3. ☐ Safety
4. ☐ Credentialing
5. ☐ Pharmacy and Therapeutics
6. ☐ Medical Records Review
7. ☐ Utilization Review
8. ☐ Special Care
9. ☐ Additional Committees

c. Are QA/QI related functions organized under a local plan?

1. ☐ Yes
2. ☐ No

ENCLOSURE (3)

d. Number of facility personnel with primary or collateral QA/QI related responsibilities.

(1) Officers ___ #full time ___ #part time ___

(2) Enlisted ___ #full time ___ #part time ___

e. Are QA/QI minutes generally prepared, routed, and endorsed prior to the next scheduled QA/QI meeting?

(1) ___ Yes

(2) ___ No

f. Is automated data processing support used to support QA/QI related functions?

(1) ___ Yes

(2) ___ No

(3) ___ If yes, indicate type of system used:

2. Demographics. Total number of active duty non-emergency visits recorded for the last calendar year:___.

3. Medical Licensure Information

a. Total number of general medical officers assigned:___.

b. Total number of general medical officers unlicensed:___.

c. Total number of general medical officers exempt from medical licensure:___.

d. Total number of general medical officers awaiting results of completed medical licensure examination:___.

e. Total number of general medical officers who will sit for the next available medical licensure examination:___.

ENCLOSURE (3)

f. Total number of general medical officers who will sit for the next available medical licensure examination following return from overseas or deployed duty status: ____.

g. Total number of general medical officers who will sit for the next available licensure examination following required supervised practice: ____.

4. Credentialing Review/Privileging Information

a. Total number of individual credentialing files (ICFs) maintained: ____.

b. Total number of general medical officers holding operational privileges: ____.

c. Total number of general medical officers holding in-garrison privileges: ____.

d. Total number of temporary operational clinical privileges granted during the last calendar year: ____.

e. Total number of defined operational clinical privileges granted during the last calendar year: ____.

f. Total number of temporary in-garrison clinical privileges granted during the last calendar year: ____.

g. Total number of defined in-garrison clinical privileges granted during the last calendar year: ____.

h. Total number of operational clinical privileges renewals granted during the last calendar year: ____.

i. Total number of in-garrison clinical privileges renewals granted during the last calendar year: ____.

j. Completeness of ICFs renewed:

(1) First Quarter: ____.

(2) Second Quarter: ____.

ENCLOSURE (3)

(3) Third Quarter: ____.

(4) Fourth Quarter: ____.

k. Adverse privileging action:

(1) Total number of general medical officers whose operational and/or in-garrison clinical privileges were suspended during the last calendar year: ____.

(a) Basis for action:

___ Misconduct

___ Substandard care delivered

___ Impairment

(2) Total number of general medical officers whose operational and/or in-garrison privileges were limited during the last calendar year: ____.

(a) Basis for action:

___ Misconduct

___ Substandard care delivered

___ Impairment

(3) Total number of general medical officers whose operational an/or in-garrison clinical privileges were revoked during the last calendar year: ____.

(a) Basis for action:

___ Misconduct

___ Sub standard care delivered

___ Impairment

ENCLOSURE (3)

5. Risk Management (RM):

a. Total number of patient care-related JAGMAN investigations initiated during the last calendar year: ____.

b. Does facility RM monitoring include:

(1) Risk-sensitive occurrence screens Yes ____ No ____.

(2) Administrative occurrence screens Yes ____ No ____.

(3) Patient satisfaction surveying Yes ____ No ____.

(4) Patient contact point program Yes ____ No ____.

c. Has RM monitoring identified significant trends in the provisions of health care services?

(1) ____ Yes

(2) ____ No

(3) If yes, list trends (both positive and negative) identified by monitoring and action taken in previous calendar year:

(a) Trend:

(b) Action taken:

6. Facility-wide QA/QI Functions:

a. Is utilization review (including over/under/misuse of support services) a component of facility's QA/QI program?

(1) ____ Yes

(2) ____ No

(3) If yes, list trends (both positive and negative) identified by monitoring and actions taken in previous calendar year:

ENCLOSURE (3)

(a) Trend:

(b) Action taken:

b. Is infection control surveillance a component of the facility's QA/QI program?

(1) ☐ Yes

(2) ☐ No

(3) If yes, indicate type of surveillance: 100

Focus.

(4) List trends (both positive and negative) identified by monitoring and actions taken in previous calendar year:

(a) Trend:

(b) Action Taken:

c. Is patient and staff safety monitoring a component of the facility's QA/QI program?

(1) ☐ Yes

(2) ☐ No

(3) If yes, list trends (both positive and negative) identified by monitoring and actions taken in the previous calendar year:

(a) Trend:

(b) Action taken:

d. Occurrence Screens:

(1) Total number of occurrence screens initiated in last calendar year: .

ENCLOSURE (3)

b. Is pharmacy and therapeutics review a component of the facility's QA/QI program?

(1) ☐ Yes

(2) ☐ No

(3) If yes, list trends (both positive and negative) identified by monitoring and actions taken in previous calendar year

(a) Trend:

(b) Action taken:

c. Are medical records review a component of the facility's QA/QI program?

(1) ☐ Yes

(2) ☐ No

(3) If yes, list trends (both positive and negative) identified by monitoring and actions taken during previous calendar year:

(a) Trend:

(b) Action taken:

8. Dental Staff QA/QI Monitors:

9. Additional Information:

ENCLOSURE (3)